

ARIZONA DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES

**APPLICATION FOR EXTENSION OF CERTIFICATION**

Applicant's name \_\_\_\_\_

Certification or BEMS ID number \_\_\_\_\_ Exp \_\_\_\_\_

Applicant's address \_\_\_\_\_

Applicant's phone number \_\_\_\_\_

EMS Employer \_\_\_\_\_

EMS Employer's address \_\_\_\_\_

EMS Employer's phone number \_\_\_\_\_

I attest, under penalty of perjury, that I was unable to complete the recertification requirements during the effective period of certification for the following reason:

(Check one)

\_\_\_\_\_ I had a mental or physical disability or health related problem that precluded me from meeting the recertification requirements. Note: You must attach a statement signed by a physician licensed in Arizona verifying this fact.

\_\_\_\_\_ I was involved in active military duty. Note: You must attach documentation signed by your commanding officer.

\_\_\_\_\_ I had an undue hardship. Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Note: You must attach a statement from a third party attesting to this.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_